

| | | | |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>TCRE-127008546</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>TIAA-CREF Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>48147</i> |
| <i>Company Tracking Number:</i> | <i>TCL-TLDRAPP.1</i> | | |
| <i>TOI:</i> | <i>L04I Individual Life - Term</i> | <i>Sub-TOI:</i> | <i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i> |
| <i>Product Name:</i> | <i>Direct Response Level Term Application Filing</i> | | |
| <i>Project Name/Number:</i> | <i>Direct Response Level Term Application Filing/Form number TCL-TLDRAPP.1</i> | | |

Filing at a Glance

Company: TIAA-CREF Life Insurance Company

Product Name: Direct Response Level Term SERFF Tr Num: TCRE-127008546 State: Arkansas

Application Filing

TOI: L04I Individual Life - Term SERFF Status: Closed-Approved- State Tr Num: 48147
Closed

Sub-TOI: L04I.103 Renewable - Single Life - Co Tr Num: TCL-TLDRAPP.1 State Status: Approved-Closed
Fixed/Indeterminate Premium

Filing Type: Form

Author: Patrick McGroarty

Date Submitted: 03/03/2011

Reviewer(s): Linda Bird

Disposition Date: 03/07/2011

Disposition Status: Approved-Closed

Implementation Date Requested: 06/06/2011

Implementation Date:

State Filing Description:

General Information

Project Name: Direct Response Level Term Application Filing

Project Number: Form number TCL-TLDRAPP.1

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 03/07/2011

State Status Changed: 03/07/2011

Deemer Date:

Created By: Patrick McGroarty

Submitted By: Patrick McGroarty

Corresponding Filing Tracking Number: TCL-TLDRAPP.1

Filing Description:

We are enclosing for your review and approval copies of our TIAA-CREF Life Insurance Company applications, form numbers: TCL-LTDRAPP.1 and TCL-TLDRAPP.1-SUPP. These forms are new and will not replace any of our existing application forms.

These application forms will be used to apply for our Level Term Life Insurance Policy, form number TCL-LPT.1(AR) approved by your department on March 15, 2005.

| | | | |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>TCRE-127008546</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>TIAA-CREF Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>48147</i> |
| <i>Company Tracking Number:</i> | <i>TCL-TLDRAPP.1</i> | | |
| <i>TOI:</i> | <i>L04I Individual Life - Term</i> | <i>Sub-TOI:</i> | <i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i> |
| <i>Product Name:</i> | <i>Direct Response Level Term Application Filing</i> | | |
| <i>Project Name/Number:</i> | <i>Direct Response Level Term Application Filing/Form number TCL-TLDRAPP.1</i> | | |

We assure you that we will comply with the following Rules & Regulations:

- Rule & Regulation 19 (Unfair Sex Discrimination in the Sale of Insurance)
- Rule & Regulation 49 (Notice Of The Arkansas Life And Health Insurance Guaranty Association Act)
- ACA 23-79-138 (Complaint Notice)

Application form number TCL-LTDRAPP.1 will be submitted in a Direct Marketing kit.

If the recipient is interested in pursuing the application process they are to complete this form and return it to our Administrative Office in a postage paid self addressed envelope for processing and further consideration.

Upon receipt of the completed Part 1 at our administrative office, we will precede to step 2 which will involve the completion of our Supplement to Application Part 1 form, number, TCL-TLDRAPP.1-SUPP. This form will be provided to the applicant by our paramed along with our Part II, form number, TCL-APP2.01 previously approved by your department on March 14, 2000.

Upon approval, we intend to implement these application forms on June 6th 2011.

Extension of Use

We intend to use the following policy forms, previously approved by your Department, with, the attached application form numbers: TCL-LTDRAPP.1 and TCL-TLDRAPP.1-SUPP.

Amendment to Application - Form number TCLF9764 approved March 14, 2000

Aviation Questionnaire – Form number F11218 approved Sept. 20, 2007

Statement of Health – Form number 806.1 (06/07) approved Aug. 2, 2007

Waiver of Premium Rider - Form number TCLWAIVER.3 approved March 15, 2005

Institutional Charitable Benefit Rider – Form number TCL-CHAREduc.1 Approved May 16, 2006

General Information

This application will be marketed primarily to individuals in TIAA-CREF Life's core educational market; however, they will also be available to the general public.

For your review, we have bracketed the variable text of the forms. Please be advised that the issued policies will not contain variable language. The enclosed forms will be computer generated with the identical language approved by

| | | | |
|--------------------------|----------------------------------|------------------------|--|
| SERFF Tracking Number: | TCRE-127008546 | State: | Arkansas |
| Filing Company: | TIAA-CREF Life Insurance Company | State Tracking Number: | 48147 |
| Company Tracking Number: | TCL-TLDRAPP.1 | | |
| TOI: | L04I Individual Life - Term | Sub-TOI: | L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium |

Product Name: Direct Response Level Term Application Filing
 Project Name/Number: Direct Response Level Term Application Filing/Form number TCL-TLDRAPP.1
 your Department.

Thank you for your consideration of our submission.

Company and Contact

Filing Contact Information

| | |
|---|--------------------------|
| Pat McGroarty, Senior Contract Forms Specialist | pmcgroarty@tiaa-cref.org |
| 730 Third Avenue | 212-913-3284 [Phone] |
| 730/3/33 | 212-916-5903 [FAX] |
| New York, NY 10017 | |

Filing Company Information

| | | |
|----------------------------------|-------------------------|-----------------------------|
| TIAA-CREF Life Insurance Company | CoCode: 60142 | State of Domicile: New York |
| 730 Third Avenue | Group Code: 1216 | Company Type: L&H |
| New York, NY 10017 | Group Name: TIAA-CREF | State ID Number: |
| (212) 490-9000 ext. [Phone] | FEIN Number: 13-3917848 | |

Filing Fees

| | |
|------------------|-----------------|
| Fee Required? | Yes |
| Fee Amount: | \$100.00 |
| Retaliatory? | No |
| Fee Explanation: | 2 applications. |
| Per Company: | No |

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|----------------------------------|----------|----------------|---------------|
| TIAA-CREF Life Insurance Company | \$100.00 | 03/03/2011 | 45224493 |

| | | | |
|--------------------------|---|------------------------|---|
| SERFF Tracking Number: | TCRE-127008546 | State: | Arkansas |
| Filing Company: | TIAA-CREF Life Insurance Company | State Tracking Number: | 48147 |
| Company Tracking Number: | TCL-TLDRAPP.1 | | |
| TOI: | L04I Individual Life - Term | Sub-TOI: | L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium |
| Product Name: | Direct Response Level Term Application Filing | | |
| Project Name/Number: | Direct Response Level Term Application Filing/Form number TCL-TLDRAPP.1 | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 03/07/2011 | 03/07/2011 |

| | | | |
|---------------------------------|--|-------------------------------|---|
| <i>SERFF Tracking Number:</i> | <i>TCRE-127008546</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>TIAA-CREF Life Insurance Company</i> | <i>State Tracking Number:</i> | <i>48147</i> |
| <i>Company Tracking Number:</i> | <i>TCL-TLDRAPP.1</i> | | |
| <i>TOI:</i> | <i>L04I Individual Life - Term</i> | <i>Sub-TOI:</i> | <i>L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium</i> |
| <i>Product Name:</i> | <i>Direct Response Level Term Application Filing</i> | | |
| <i>Project Name/Number:</i> | <i>Direct Response Level Term Application Filing/Form number TCL-TLDRAPP.1</i> | | |

Disposition

Disposition Date: 03/07/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

| | | | |
|--------------------------|----------------------------------|------------------------|---|
| SERFF Tracking Number: | TCRE-127008546 | State: | Arkansas |
| Filing Company: | TIAA-CREF Life Insurance Company | State Tracking Number: | 48147 |
| Company Tracking Number: | TCL-TLDRAPP.1 | | |
| TOI: | L04I Individual Life - Term | Sub-TOI: | L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium |

| | |
|----------------------|---|
| Product Name: | Direct Response Level Term Application Filing |
| Project Name/Number: | Direct Response Level Term Application Filing/Form number TCL-TLDRAPP.1 |

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|---|----------------------|---------------|
| Supporting Document | Flesch Certification | | Yes |
| Supporting Document | Application | | Yes |
| Supporting Document | Life & Annuity - Acturial Memo | | No |
| Supporting Document | Statement of variability | | Yes |
| Form | LEVEL TERM LIFE INSURANCE APPLICATION – PART I | | Yes |
| Form | SUPPLEMENT TO LEVEL TERM LIFE INSURANCE APPLICATION – PART | | Yes |

SERFF Tracking Number: TCRE-127008546 State: Arkansas

Filing Company: TIAA-CREF Life Insurance Company State Tracking Number: 48147

Company Tracking Number: TCL-TLDRAPP.1

TOI: L041 Individual Life - Term Sub-TOI: L041.103 Renewable - Single Life - Fixed/Indeterminate Premium

Product Name: Direct Response Level Term Application Filing

Project Name/Number: Direct Response Level Term Application Filing/Form number TCL-TLDRAPP.1

Form Schedule

Lead Form Number: TCL-TLDRAPP.1

| Schedule Item Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|--------------------|------------------------------|--|---------|----------------------|-------------|---|
| | TCL-LTDRAPP.1 | Application/ Enrollment Form | LEVEL TERM LIFE INSURANCE APPLICATION – PART I | Initial | | 53.900 | TCL-LTDRAPP.1-Gen-MaIns.pdf |
| | TCL-LTDRAPP.1-SUPP | Application/ Enrollment Form | SUPPLEMENT TO LEVEL TERM LIFE INSURANCE APPLICATION – PART | Initial | | 52.600 | Supplement to the Life Insurance Application_06 (2).pdf |



New Business Administrative Office: P.O. Box 1291, 8500 Andrew Carnegie Boulevard, Charlotte, NC 28262-1291

Home Office: 730 Third Avenue, New York, NY 10017-3206

Please Print

[This Application is for YOUR use.]

Full Legal Name: _____
 _____ First Name _____ Middle Name _____ Last Name

Date of Birth: _____ / _____ / _____ Gender: ☐ Male ☐ Female Maiden Name: _____
 _____ Month _____ Day _____ Year

Residence Address: _____
 _____ Number/Street/Apt. No. _____

_____ City _____ State _____ Zip _____

Social Security #:

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

 U.S. Citizen: ☐ Yes ☐ No
 (If no, please provide a Permanent Residency Card # or U.S. Visa # and Expiration Date.)

Birthplace: _____
 _____ State (or Country if outside the U.S.)

Driver's License # and State of Issue: _____ e-mail: _____

Primary Telephone Number: (_____) _____ Alternate Telephone Number: (_____) _____

Status: ☐ Single ☐ Separated ☐ Widowed ☐ Married ☐ Divorced ☐ Domestic Partner / Civil Union Occupation: _____

Full Legal Name: _____ Relationship to Proposed Insured: _____

Social Security #:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

 Primary Telephone Number: () _____

Residence Address: _____ Number/Street/Apt. No. _____

_____ City _____ State _____ Zip _____ e-mail _____

| | | | | | | |
|---|---|---|------------------------------------|------------------------------------|--|--------------------------------------|
| Coverage Amount: | | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$250,000 | <input type="checkbox"/> \$500,000 | <input type="checkbox"/> \$750,000 | <input type="checkbox"/> \$1,000,000 |
| | | <input type="checkbox"/> Other: \$ _____ | | | (Minimum \$100,000; Maximum \$1,000,000) | |
| Select Policy Type: | | | | Optional Riders: | | |
| <input type="checkbox"/> 10-Year Level Term | <input type="checkbox"/> 20-Year Level Term | <input type="checkbox"/> Waiver of Premium Rider | | | | |
| <input type="checkbox"/> 15-Year Level Term | <input type="checkbox"/> 30-Year Level Term | <input type="checkbox"/> Institutional Charitable Benefit Rider | | | | |

| | | | |
|---|--------|------------|---------------|
| Will any existing life insurance or annuity held by the owner or proposed insured be replaced, discontinued, changed or used to pay for the insurance applied for in this application? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please list each policy to be replaced.) | | | |
| Company | Amount | Issue Date | Policy Number |
| Company | Amount | Issue Date | Policy Number |

[XXXXXX]



SECTION E: BENEFICIARY INFORMATION (attach a separate sheet of paper if more space is required – signed and dated)

| Full Legal Name of Beneficiary | Relationship to Insured | Date of Birth (mm/dd/yyyy) | Primary or Contingent Beneficiary | Benefit Percentage Allocated* |
|--------------------------------|-------------------------|----------------------------|---|-------------------------------|
| | | | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | |
| | | | <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | |

* **NOTE:** The sum of the percentages for all primary beneficiaries must equal 100 percent. The sum of the percentages for all contingent beneficiaries, if selected, must also equal 100 percent.

SPOUSAL/CALIFORNIA REGISTERED DOMESTIC PARTNER CONSENT – FOR COMMUNITY PROPERTY STATES ONLY
(Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin)

I am aware that my spouse or California registered domestic partner has designated someone other than me to be the primary beneficiary of this contract. I hereby consent to such designation and waive any rights I may have to the proceeds of such contract under applicable community property laws.

Signature of Spouse / California Registered Domestic Partner: _____ Date: _____

Signature of Witness (someone other than a potential beneficiary): _____ Date: _____

SECTION F: APPLICATION AUTHORIZATION

I understand that the insurance applied for will not take effect unless and until, during the lifetime of the proposed insured, TIAA-CREF Life Insurance Company (TIAA-CREF Life) has both: (1) received the full first premium payment and (2) approved the insurance applied for on the life of the proposed insured. TIAA-CREF Life will notify me in writing of the approval date.

I, the proposed insured, authorize any physician, medical practitioner, psychiatrist, psychologist, hospital, Veterans Administration Clinic or other Medical Information Bureau (MIB), insurance company, consumer reporting agency, other organization, institution or person that has any records or knowledge of me or my health or mental condition, general character, driving records and hobbies of a hazardous nature, to give to TIAA-CREF Life, its reinsurers or the MIB, or other persons or organizations performing business or legal services in connection with my application for insurance, or as may be otherwise lawfully required, or as I may further authorize any such information. I further authorize a consumer reporting agency to make an investigative report on me if it is requested by TIAA-CREF Life.

I, the proposed insured, understand the information obtained by use of this Authorization will be used by TIAA-CREF Life to determine my eligibility for insurance. Any information obtained will not be released by TIAA-CREF Life to any person or organizations in an individually identifiable form EXCEPT to reinsuring companies, or other persons or organizations performing business or legal services in connection with my application for insurance, or as may be otherwise lawfully required or as I may further authorize.

To facilitate rapid submission of such information, **I authorize** all said sources to give such records or knowledge to any agency employed by TIAA-CREF Life to collect and transmit such information. A photographic copy of this Authorization shall be as valid as the original. I agree this Authorization shall be valid for two years from the date shown below, and that upon request I have the right to receive a copy of this Authorization.

To the best of my knowledge and belief, all of the answers contained herein are true and complete. These answers, together with those provided in Part II of the Application and any additional supplement to this application, are my application. I understand TIAA-CREF Life will rely upon the information provided herein, and that such statements and answers are given as an inducement to TIAA-CREF to consider issuing the insurance applied for.

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or a statement of claim for insurance benefits containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to criminal penalties, including confinement in prison, and civil penalties. Such action may entitle the insurance company to deny or void coverage or benefits.

X _____
Signature of Proposed Insured Signed at (City, State) Date

X _____
Signature of Proposed Owner (only if different from Proposed Insured) Signed at (City, State) Date





Financial Services

TIAA-CREF LIFE INSURANCE COMPANY

New Business Administrative Office: P.O. Box 1291, 8500 Andrew Carnegie Boulevard, Charlotte, NC 28262-1291

Home Office: 730 Third Avenue, New York, NY 10017-3206

Page 1 of 2

SUPPLEMENT TO LEVEL TERM LIFE INSURANCE APPLICATION – PART I

PROPOSED INSURED

1. Full Legal Name

Title First Name Middle Name Last Name Suffix

2. Date of Birth

____ / ____ / ____
Month Day Year

3. Social Security Number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

PRELIMINARY UNDERWRITING INFORMATION

The following questions must be answered by the proposed insured.

(If the answer to any question is "Yes", provide full details in the Remarks/Details section.)

Proposed
Insured

1. Do you have any plans to travel or reside outside the U.S. within the next 12 months? If yes, please provide destination, purpose, and duration of travel.

☐ Yes
☐ No

2. In the past 5 years have you flown, or do you intend to fly, as a pilot, student pilot, or crew member other than for a scheduled commercial airline, or within the next 2 years do you intend to fly as a pilot, student pilot, or crew member other than for a scheduled commercial airline?

☐ Yes
☐ No

3. In the last 5 years, have you operated or had any duties aboard a glider, hot air balloon, ultralight or similar device; or within the next 2 years do you plan to operate or have any duties?

☐ Yes
☐ No

4. In the last 5 years, have you engaged in or within the next 2 years do you expect to engage in, any hazardous activities or sports such as but not limited to: cave exploration; mountain, rock or ice climbing; motor vehicle, motorcycle, snowmobile or boat racing; SCUBA or sky diving?

☐ Yes
☐ No

5. In the last 5 years, have you smoked a cigarette, cigar or pipe, chewed tobacco or used tobacco, nicotine or nicotine based products in any other form? If yes, provide form of tobacco, quantity, and month/year last used.

☐ Yes
☐ No

6. Have you ever been convicted of a felony or misdemeanor, other than a minor traffic violation? If yes, include details of conviction and sentencing.

☐ Yes
☐ No

7. Do you have any other pending life insurance applications with another life insurance company? If yes, state companies and amounts.

☐ Yes
☐ No

8. Does the proposed insured have any existing life insurance? If yes, state companies and amounts.

☐ Yes
☐ No

9. Have you ever had an application for life, health, disability or long-term care insurance declined, postponed, charged an extra premium, or otherwise modified? If yes, include the name of company with details.

☐ Yes
☐ No

10. Have you been disabled for any reason within the last 2 years?

☐ Yes
☐ No

{XXXXX}

TCL-LTDRAPP.1-SUPP





Financial Services

TIAA-CREF LIFE INSURANCE COMPANY

New Business Administrative Office: P.O. Box 1291, 8500 Andrew Carnegie Boulevard, Charlotte, NC 28262-1291

Home Office: 730 Third Avenue, New York, NY 10017-3206

Page 2 of 2

PRELIMINARY UNDERWRITING INFORMATION (CONTINUED)

| | |
|---|---|
| 11. In the last 5 years, have you filed bankruptcy or defaulted on a student loan? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. Do you, the owner, intend to use or transfer the policy for any type of pre-death financial settlement, such as viatical settlement, senior settlement, life settlement, or for any other secondary market? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13. Have you, the owner, or any Proposed Insured if other than the owner, in the past 5 years sold a policy to a life settlement, viatical, or other secondary market provider? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Will any of the premiums required to pay for this policy be obtained through a financing or loan agreement? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Remarks/Details (Please include the question number you are responding to in your remarks. If additional space is needed, use a blank page.)

AUTHORIZATION

I, the proposed insured, have read the above answers and statements and they: (a) are true and complete to the best of my knowledge and belief and (b) were correctly recorded before I signed this Supplement to Level Term Life Insurance Application – Part 1. This Supplement to Level Term Life Insurance Application – Part 1, together with Part I (Life Insurance Application) and Part II (statement of health) will constitute my Application. I understand TIAA-CREF Life will rely upon the information provided within this Application, Part 1 and Part II (statement of health) and that my responses to Application questions are given as an inducement to TIAA-CREF Life to consider issuing the insurance applied for.

X

Signature of Proposed Insured

Signed at (City, State)

Date

X

Signature of Proposed Owner
(only if different from Proposed Insured)

Signed at (City, State)

Date

{XXXXX}

TCL-LTDRAPP.1-SUPP



| | | | |
|--------------------------|---|------------------------|---|
| SERFF Tracking Number: | TCRE-127008546 | State: | Arkansas |
| Filing Company: | TIAA-CREF Life Insurance Company | State Tracking Number: | 48147 |
| Company Tracking Number: | TCL-TLDRAPP.1 | | |
| TOI: | L04I Individual Life - Term | Sub-TOI: | L04I.103 Renewable - Single Life - Fixed/Indeterminate Premium |
| Product Name: | Direct Response Level Term Application Filing | | |
| Project Name/Number: | Direct Response Level Term Application Filing/Form number TCL-TLDRAPP.1 | | |

Supporting Document Schedules

| | Item Status: | Status Date: |
|--|--------------|-----------------|
| Satisfied - Item: Flesch Certification Comments: Attachment: Generic Readability certification.pdf | | |
| Satisfied - Item: Application Comments: See Form Schedule Tab. | | |
| Satisfied - Item: Statement of variability Comments: Attachment: Statement of Variability.pdf | | |

TIAA-CREF Life Insurance Company
("TIAA-CREF Life")

Form numbers
TCL-LTDRAPP.1
TCL-LTDRAPP.1-SUPP

This is to certify that the attached applications meet the minimum readability laws and regulations of your jurisdiction.



Jeffrey S. Goldin, FSA, MAAA
Actuary
TIAA-CREF Life Insurance Company

Date: February 28, 2011

Statement of Variability

February 28, 2011

Application Form number: TCL-LTDRAPP.1

Application Form number: TCL-LTDRAPP.1-SUPP

Application Form number: TCL-LTDRAPP.1

Form Heading

This Application is for YOUR use.

Or

This Application is for YOUR SPOUSE'S/PARTNER'S use

Application Form number: TCL-LTDRAPP.1-SUPP

Form heading

Office location addresses subject to change.